

Please send this form to:

Helfo

Postboks 2415

3104 Tønsberg NORWAY

Personal statement from the applicant(s) - abroad

In order to receive reimbursement from Helfo for your expenses for infertility treatment, you must fulfill the requirements for the treatment of childlessness in the Biotechnology Act. Helfo can verify that the information you provide in the form is correct.

1. Personal data from the applicant(s)

Name of applicant	If applicable name of partner
Date of birth and national ID. number	Date of birth and national ID. number

2. Concerning the type of treatment (tick)

Fertilisation outside the body (IVF or ICSI)	Hormonal stimulation
Artificial insemination (AIH or AID)	Preimplantation genetic diagnosis (PGD screening)

In the case of a couple or woman have received treatment in another EU/EEC country and are receiving preimplantation genetic diagnosis in connection with assisted reproduction, the application in its entirety must be submitted to the unit concerning treatment abroad at the Regional Health Authority.

3. Previous treatment(s)

The Norwegian National Insurance Scheme reimburses expenses on up to 3 attempts per child regardless of whether the procedure is performed in Norway or another EEA country. A 'complete attempt' is defined as an IVF or ICSI procedure to harvest eggs and transfer fertilised eggs to the uterus.

Fill out if you have previously undergone assisted fertilization in Norway or another EEA-country

State the number of complete attempts	State name of clinic(s) that provided the treatment
Date(s) of when treatment was provided	

Fill out if you have been reimbursed expenses for previous attempts by Helfo

State the number of attempts you have previously received reimbursements for

4. Concerning the criteria of the Norwegian Biotechnology Act Chapter 2 (tick)

We are married or cohabitants in marital-like relationship	YES	NO
I am single and live alone	YES	NO
Fill out by insemination treatment or by fertilization outside the body		
Will eggs be used from a donor?	YES	NO
If YES - is the sperm donor registered in a donor register that gives the child access to the donor's identity when the child reaches the age of 15?	YES	NO
<p>In Norway from 2021.1.1, it is now legal to use donated eggs and assisted fertilisation with donated eggs. If using donor eggs, please note that the following criteria below must be fulfilled in order for the couple to apply for reimbursement:</p> <ul style="list-style-type: none">• The donor must<ul style="list-style-type: none">-be at least 25 years of age and no older than 35 years of age-not be deprived of legal capacity in accordance with the Norwegian Biotechnology Act § 2-9-not be given information about the identity of the couple or child-have provided a written consent to use of her eggs in infertility treatment-have provided a written consent to registration of her identity in a donor register• The donor's identity must be registered in a donor register• The child must be given access to this information upon turning 15 years of age• In the event of a donor's death, her eggs cannot be used in infertility treatment.		
Will donor sperm be used?	YES	NO
<p>If YES - is the sperm donor registered in a donor register that gives the child access to the donor's identity when the child reached the age of</p> <ul style="list-style-type: none">- 15 years if the sperm was donated after January 1st 2021- 18 years if the sperm was donated before January 1st 2021 <ul style="list-style-type: none">• The donor must<ul style="list-style-type: none">-be at least 18 years of age-not be deprived of legal capacity in accordance with the Norwegian Biotechnology Act § 2-9-not be given information about the identity of the couple or the child-have provided a written consent to use of his sperm in infertility treatment-have provided a written consent to registration of his identity in a donor register• The donor's identity must be registered in a donor register.• In the event of a donor's death, his sperm cannot be used in infertility treatment.		

5. Consent* og signature from applicant(s)

I/we hereby certify that the information provided in the personal statement is accurate and complete:	
Place and date	Applicant's signature
Place and date	Partner's signature

*If you do not give your consent for exchange of information between Helfo and the specialist health service, Helfo may not be able to process your application because it is not supported by sufficient medical information.

Information on the translation requirement

All documentation must be in Norwegian, Danish, Swedish or English. You should therefore try to get the documentation issued in one of these languages.

If the documents are in another language, Helfo may ask you to provide a state-authorized translation. You must pay for the translation yourself.